SHREWSBURY PUBLIC SCHOOLS

Home Language Survey

This survey will help us meet the needs of all Shrewsbury families. Please complete one survey per household, unless you feel that the information is different for each child and return this form to Town Hall with the child's/children's registration.

Student's Name:		_ School:	Grade:	
Name of Parent/Guardian:			Date:	
Other children in household and their so				
What language did your child learn when h				
	English	Other (specify):		
2. What language does the family speak at hor	me most of the	time?		
	English	Other (specify):		
3. What language does the mother / guardian	speak to the chi	ld most of the time?		
	English	Other (specify):		
4. What language does the father / guardian sp	peak to the child	d most of the time?		
	English	Other (specify):		
5. What language does the child speak to his o	or her mother m	ost of the time?		
	English	Other (specify):		
6. What language does the child speak to his o	r her father mo	st of the time?		
	English	Other (specify):		
7. What language does the child speak to broth	ners and sisters	most of the time?		
	English	Other (specify):		
8. What language does the child speak to his o	or her friends m	ost of the time?		
	English	Other (specify):		
9. What language is used for reading aloud to	children at hom	ne?		
	English	Other (specify):		
10 What language does the child read?	English	Other (specify):		
11. What language does the child write?	English	Other (specify):		
Name of person completing this survey: Person completing this survey: Mother				
Person completing this survey: Mother	Father	Guardian	Other:	
Does someone in your family speak Engl communicate with other families who sp this way, please list:	eak that lang	guage? If you are wi	lling to help out	sometim
Name:	L	anguage(s):		
Telephone Number:	Available time:			